1130: A REVIEW OF THE ENDOSCOPIC MANAGEMENT OF PATIENTS WITH GASTRIC ULCERS

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Aim: Helicobacter pylori and NSAIDs are the commonest causes of gastric ulcers, however, a proportion are caused by an underlying malignancy. The study reviewed the management of gastric ulcers at a District General Hospital against literature recommendations for biopsy at first gastroscopy and repeat gastroscopy to ensure healing.

Method: Retrospective analysis of 317 gastroscopies in 167(mean age 64yrs; SD 14.7yrs) patients during a 1 year period. Endoscopic reporting software was searched for 'gastric ulcer'; subsequent gastroscopies and histology was correlated.

Results: 29% of patients had a single gastroscopy; repeat gastroscopies were carried out in 72% (59% had 2; 7% had 3; 3% had 4; and 2% had 5 gastroscopies). Biopsies were taken at first gastroscopy in 52% of patients; 37% did not have a biopsy at first or subsequent gastroscopy. Histologically confirmed evidence of malignancy was identified in 4.8% of patients; macroscopic features of malignancy were not reported in the approximately half of these cases. High grade dysplasia was identified in a further 1.2% of patients.

Conclusion: Evidence of malignancy or high grade dysplasia was identified in 6% of patients. This emphasises the important of biopsy, especially given that macroscopic features do not seem to correlate well with malignancy.

1161: LYMPHOVASCULAR INVASION IS A HISTOLOGICAL MARKER ASSOCIATED WITH POOR SURVIVAL IN OESOPHAGEAL CANCER

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Aim: To determine the relationship between Lymphovascular invasion (LVI) and survival in Oesophageal Cancer. In addition the association between LVI and other histological markers of poor survival was investigated.

Method: Histology reports for 64 Oesophagectomy specimens from patients within the South East Wales regional Upper GI Cancer Network were reviewed for documentation of LVI, lymph node status, circumferential resection margin (CRM) and degree of differentiation. Survival data was analysed using the life table method of Kaplan and Meier/log-rank test and the association of LVI with other histological factors was assessed using chi square.

Results: LVI was associated with poor survival p=0.034. When identified in oesophagectomy specimens it was also associated with higher T stage (p=0.01), positive CRM (p=0.007), no. of positive lymph nodes isolated (p=0.003) and degree of differentiation (p=0.045)

Conclusion: The presence of LVI is an indicator of poor survival in Oesophageal Cancer. Its presence along with nodal status and other histological markers of poor survival may be considered as a tool to assess prognosis and guide post operative oncological treatment.

1189: AN 8-YEAR ANALYSIS ON READMISSIONS FOLLOWING LAPAROSCOPIC CHOLECYSTECTOMY (LC)

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Introduction: Laparoscopic cholecystectomy (LC) is a common procedure, often done as a day-case.

Aims: This study aims to investigate the reasons for readmission following LC by a single consultant to look into strategies to reduce admission rates.

Methods: Patients who underwent a LC between 2004 and 2011 were identified, those readmitted post procedure within one month of surgery were obtained from hospital database. Readmission reasons were obtained from case notes and clinical letters.

Results: 830 patients were identified. Readmission rate within one month of surgery was 88(10.6%). Average stay post-surgery was 0.6 days. Median length between discharge and readmission was 6 days. 34 patients went home within one day of inpatient stay, making the true readmission rate 6.5%. Median length of stay was 2(0-24)days. Port-site infection was seen in 33(37.5%). Other reasons; abdominal pain (17%), abdominal collection (12.5%), retained stone(6.8%), bile leak(2.3%) and miscellaneous (23.9%).

Conclusion: Port-site infection was the most common reason for readmission. To reduce unnecessary re-admission the routine telephone 4week follow up can be changed to 2 weeks and a UGI specialist nurse can act as a point of contact for any patient concerns and organise relevant outpatient/ward follow up which will result in considerable cost saving.

1192: DOES PET/CT SIGNIFICANTLY CHANGE THE STAGING AND TREATMENT DECISIONS OF THE MULTIDISCIPLINARY TEAM IN UPPER GI CANCER?

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Aims: Integrated positron-emission tomography/computed tomography (PET/CT) is now commonly used to stage oesophagogastric cancer. Our aim was to review whether the results of PET/CT significantly changed the staging and treatment decisions made within the multidisciplinary team (MDT) meeting in a district general hospital (DGH).

Methods: Oesophagogastric cancer patients that underwent PET/CT scan between Jan 2009 and July 2012 had their case notes retrospectively reviewed. Staging and MDT decisions after each staging modality (CT, Endoscopic Ultrasound EUS, PET/CT, laparoscopy and surgery) were documented.

Results: 52 cases were identified. 8 were positive for possible metastatic disease on PET/CT. 2 of these was false positive lesions; 3 were new metastases; and 3 confirmed metastases in suspicious lesions found on CT. Metastases were missed on PET/CT in 3 cases which were later found at surgery. 6 patients had a change in their MDT treatment decisions after PET/CT.

Conclusions: This study confirms that PET/CT has an important role in the complex staging of oesophagogastric cancer. Our results have shown important changes in treatment decisions as a result of CT/PET. However scan results and staging decisions should be confirmed clinically as false positive and negative results occur, which can lead to incorrect staging and treatment decisions.

1206: AN EVALUATION OF OUTCOMES OF OESOPHAGO-GASTRIC CANCER IN OCTOGENARIANS – RETROSPECTIVE REVIEW OF A REGIONAL CANCER NETWORK

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Introduction: With increasing life expectancy greater numbers of octogenarians will be diagnosed with oesophagogastric cancer amenable to curative treatment. This study aims to evaluate outcomes of octogenarians going through a tertiary MDT.

Methods: Patients above the age of 80 yrs were identified from the cancer network database with outcome data retrieved retrospectively from patient notes.

Results: 92 patients (55 male) with a mean age of 84.7 yrs (range 80-95) were included between January 2009 and December 2011. Site of tumour was gastric (n=37, 40.2%), GOJ (n=8, 8.7%) and oesophageal (n=47, 51.1%). 54/92 patients were deemed to have operable disease of which 15 underwent surgery, 27 were deemed unfit for surgery and 12 were deemed fit but refused surgery. Kaplan meier survival analysis revealed one year overall survival rates of 73.3%, 46.2%, 29.7% and 22.2%, for patients undergoing resection, those with resectable disease not treated operatively, those treated with stent/chemo/radiotherapy and those treated with best supportive care respectively.

Conclusion: Compared with the UK National Oesophago-Gastric Cancer Audit data (overall 1 year survival of 73.1-78.2% across all age groups), octogenarians who are fit for surgery appear to have similar 1 year survival and should when appropriate be considered for curative resection.

1252: THE ROLE OF ENDOSCOPIC ULTRASOUND AND PET-CT IN THE STAGING OF OESOPHAGEAL AND GASTRO-OESOPHAGEAL JUNCTION TUMOURS: A RETROSPECTIVE REVIEW OF A REGIONAL CANCER NETWORK

Annalise Katz-Summercorn, Ismail Badran, Mikael Södergren, Sarah Huf, Krishna Moorthy on behalf of the Imperial oesophago-gastric cancer multidisciplinary team, *Academic Surgical Unit, St. Mary's Hospital, London, UK.*

Aims: The UK national oesophagogastric cancer audit recommends that investigations include endoscopic ultrasound (EUS) and PET-CT prior to curative surgery, however this may not be cost-effective or uniformly